Application Data Sheet APPLICATION INFORMATION

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks:	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable From (CRF)?:: No	
Number of Copies of CRF::	·.
Title::	NEURAL NETWORK PATTERN RECOGNITION
	FOR PREDICTING PHARMACODYNAMICS USING
	PATIENT CHARACTERISTICS
Attorney Docket Number::	402869
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	15
Small Entity?::	No
Latin Name::	
Variety denomination name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt Agency	National Institutes of Health

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APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Mirna

Middle Name::

Family Name:: URQUIDI-MACDONALD

Name Suffix::

City of Residence:: State College

State or Prov. of Residence:: PA

Country of Residence:: US

Street of mailing address:: 1010 Greenbrier Drive

City of mailing address:: State College

State or Province of mailing address:: PA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 16801

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Darrell

Middle Name::

Family Name:: ABERNETHY

Name Suffix::

City of Residence:: Annapolis

State or Prov. of Residence:: MD

Country of Residence:: US

Street of mailing address:: 3740 Thomas Point Road

City of mailing address::

Annapolis

State or Province of mailing address:: MD

Country of mailing address:: US

Postal or Zip Code of mailing address:: 21403

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CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23548

Phone:: (202) 737-6770

Fax:: (202) 737-6776

E-mail Address:: dcmail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number 1:: 05318
Representative Customer Number 2:: 23548

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

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FOREIGN APPLICATION INFORMATION

Country::

Application Number:: Filing Date::

Priority Claimed

ASSIGNEE INFORMATION

Assignee name::

The Government of the United States of America

Represented by the Secretary,

Department of Health and Human Services

Street of mailing address:: 6011 Executive Boulevard

Suite 325

City of mailing address::

Rockville

State or Province of

mailing address::

MD

Country of mailing

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Postal or Zip Code of

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16802